



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

AMERICAN MEDICAL RESPONSE

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-11-3922-01

Carrier's Austin Representative Box

Box Number 54

MFDR Date Received

June 27, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally received a denial requesting our license number, which we supplied when we rebilled on 2/16/11. . . . The denial we received after receiving our corrected HCFA back in the mail denied for untimely filing. We tried submitting our information several times but the insurance kicked out our claims without fully reviewing our HCFA, or they would have seen the information we added per their requests."

Amount in Dispute: \$338.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual received the bill 12/27/10. . . . Because the bill was incomplete, missing the license number in box 33b, Texas Mutual returned the bill."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 3, 2010	Ambulance Transportation Services	\$338.50	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.2 defines terms related to medical bill processing.
3. 28 Texas Administrative Code §133.10 sets out requirements for billing forms and formats.
4. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
5. 28 Texas Administrative Code §133.200 sets out requirements regarding insurance carrier receipt of medical bills.
6. 28 Texas Administrative Code §134.1 sets out general provisions related to medical reimbursement.
7. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
8. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.

9. The insurance carrier denied disputed services with the following claim adjustment explanation codes:
- 29 – The time limit for filing has expired.
 - 731 – Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Issues

1. Under what authority is the request for medical fee dispute resolution considered?
2. Are the insurance carrier's denial reasons supported?
3. How is reimbursement for ambulance services established in Texas Workers' Compensation?
4. Has the requestor justified that the payment amount sought is a fair and reasonable rate of reimbursement?

Findings

1. The requestor is a health care provider that rendered disputed services in the state of Florida to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action. The health care provider requested reconsideration from the insurance carrier and was denied payment after reconsideration. The health care provider has requested medical fee dispute resolution under 28 Texas Administrative Code §133.307. Because the requestor has sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. The insurance carrier denied disputed services with reason codes 29 – "The time limit for filing has expired."; and 731 – "Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05." 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Review of the submitted documentation finds that the insurance carrier acknowledges receiving a medical bill for the disputed services on December 27, 2010. This date is within 95 days from the date of service. The insurance carrier states that "Because the bill was incomplete, missing the license number in box 33b, Texas Mutual returned the bill." 28 Texas Administrative Code §133.200 provides that:
 - (a) Upon receipt of medical bills submitted in accordance with §133.10(a)(1) and (2) of this chapter (relating to Required Medical Forms/Formats), an insurance carrier shall evaluate each medical bill for completeness as defined in §133.2 of this chapter (relating to Definitions).
 - (1) Insurance carriers shall not return medical bills that are complete, unless the bill is a duplicate bill.
 - (2) Within 30 days after the day it receives a medical bill that is not complete as defined in §133.2 of this chapter, an insurance carrier shall:
 - (A) complete the bill by adding missing information already known to the insurance carrier, except for the following:
 - (i) dates of service;
 - (ii) procedure/modifier codes;
 - (iii) number of units; and
 - (iv) charges; or
 - (B) return the bill to the sender, in accordance with subsection (c) of this section.
 - (3) The insurance carrier may contact the sender to obtain the information necessary to make the bill complete, including the information specified in paragraph (2)(A)(i) - (iv) of this subsection. If the insurance carrier obtains the missing information and completes the bill, the insurance carrier shall document the name and telephone number of the person who supplied the information.
 - (b) An insurance carrier shall not return a medical bill except as provided in subsection (a) of this section. When returning a medical bill, the insurance carrier shall include a document identifying the reason(s) for returning the bill. The reason(s) related to the procedure or modifier code(s) shall identify the reason(s) by line item.
 - (c) The proper return of an incomplete medical bill in accordance with this section fulfills the insurance carrier's obligations with regard to the incomplete bill.

Review of the submitted information finds no documentation to support that the insurance carrier returned the bill within 30 days after receipt in accordance with §133.200(a)(2)(B). The insurance carrier did not submit a copy of the document identifying the reason(s) for returning the bill as specified in §133.200(b). No documentation was presented to support that the insurance carrier made a proper return of an incomplete medical bill in accordance with §133.200(c). The Division therefore concludes that the insurance carrier has not met the requirements of §133.200. The respondent has failed to support the insurance carrier's denial reasons regarding untimely filing. Consequently, the requestor has not forfeited the right to reimbursement for the services in dispute. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.

3. The services in dispute are A0427 – Ambulance service, advanced life support, emergency transport; and A0425 – Ground mileage, per statute mile; both classified as Transportation Services. The Division has not established a medical fee guideline for ambulance services. No documentation was found to support a negotiated contract or that the services were provided through a workers' compensation health care network. Payment is therefore subject to the general medical reimbursement provisions of 28 Texas Administrative Code §134.1(e), which requires that in the absence of an applicable fee guideline or a negotiated contract, medical reimbursement for health care not provided through a workers' compensation health care network shall be made in accordance with a fair and reasonable reimbursement amount as specified in §134.1(f).

In the following analysis, the Division examines the positions of both parties, and any evidence presented in support of, or to refute, each party's determination of a fair and reasonable payment amount, in order to establish which party presents the best evidence of an amount that will achieve a fair and reasonable reimbursement for the disputed services. The requestor has the burden of proof in this dispute. The standard of proof required is by a preponderance of the evidence.

4. Reimbursement for the disputed ambulance services is subject to the provisions of 28 Texas Administrative Code §134.1(f), which requires that:

Fair and reasonable reimbursement shall:

- (1) be consistent with the criteria of Labor Code §413.011;
- (2) ensure that similar procedures provided in similar circumstances receive similar reimbursement; and
- (3) be based on nationally recognized published studies, published Division medical dispute decisions, and/or values assigned for services involving similar work and resource commitments, if available.

The Texas Supreme Court has summarized the statutory standards and criteria applicable to "fair and reasonable" fee determinations as requiring "methodologies that determine fair and reasonable medical fees, ensure quality medical care to injured workers, and achieve effective cost control." *Texas Workers' Compensation Commission v. Patient Advocates of Texas*, 136 South Western Reporter Third 643, 656 (Texas 2004). Additionally, the Third Court of Appeals has held, in *All Saints Health System v. Texas Workers' Compensation Commission*, 125 South Western Reporter Third 96, 104 (Texas Appeals – Austin 2003, petition for review denied), that "[E]ach . . . reimbursement should be evaluated according to [Texas Labor Code] section 413.011(d)'s definition of 'fair and reasonable' fee guidelines as implemented by Rule 134.1 for case-by-case determinations."

Texas Labor Code §413.011(d) requires that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. It further requires that the Division consider the increased security of payment afforded by the Act in establishing the fee guidelines.

28 Texas Administrative Code §133.307(c)(2)(G), effective May 25, 2008, 33 *Texas Register* 3954, requires the requestor to provide "documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 of this title . . . when the dispute involves health care for which the Division has not established a maximum allowable reimbursement (MAR) or reimbursement rate, as applicable."

The Division first reviews the information presented by the requestor to determine whether it has met its burden to prove that the payment amount it is seeking is a fair and reasonable rate of reimbursement for the services in this dispute. If the requestor's evidence is persuasive, then the Division will review the respondent's evidence.

Review of the submitted documentation finds that:

- The requestor has not articulated a methodology under which fair and reasonable reimbursement should be calculated.
- The requestor did not submit documentation to support that payment of the amount sought is a fair and reasonable rate of reimbursement for the services in this dispute.
- The requestor did not submit nationally recognized published studies or documentation of values assigned for services involving similar work and resource commitments to support the requested reimbursement.
- The requestor did not support that payment of the requested amount would satisfy the requirements of 28 Texas Administrative Code §134.1.

The request for additional reimbursement is not supported. After thorough review of all the information submitted for consideration by the parties in this dispute, the Division concludes that the requestor has failed to discuss, demonstrate, and justify that the payment amount sought is a fair and reasonable rate of reimbursement for the disputed services.

Conclusion

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the Division is to adjudicate the payment, given the relevant statutory provisions and Division rules. The Division would like to emphasize that the outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent. Even though all the evidence was not discussed, it was considered.

The applicable rule for determining reimbursement of the disputed ambulance services is 28 Texas Administrative Code §134.1 regarding a fair and reasonable reimbursement. For the reasons stated above, the division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signatures

_____	<u>Grayson Richardson</u>	<u>February 20, 2015</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

Health care providers may verify workers' compensation insurance coverage and contact information from our website at www.tdi.texas.gov/wc/employer/coverage.html or for additional assistance call the TDI-DWC Insurance Coverage section at **800-372-7713**.